



Mutual of Omaha



January 1, 2020 – New Voluntary Benefit Plans

Voluntary Life and two new voluntary benefit options will be offered by Mutual of Omaha for 2020. Your personalized rates will appear in Employee Navigator, showing the applicable payroll deductions based on your age.

Please review the materials in this packet to learn more about these plans, including per pay rate calculations. A Mutual of Omaha representative will join us for enrollment sessions in Gov C-2 (main admin building) Friday, November 1st – Friday November 8th.

Voluntary Life Insurance – True Open Enrollment

- ONE TIME Open Enrollment with no health questions!
- Enroll for the first time, or increase coverage up to \$150k Employee / \$30k Spouse / \$10k Children (under age 26)

Voluntary Critical Illness

- ONE TIME Open Enrollment up to \$20k Employee / \$10k Spouse
- Lump sum benefit of your choice is payable upon diagnosis – treatment is not required in order to collect your benefit
- Coverage is automatically included for your dependent children under age 26, at no additional cost
- Advocacy Services provided by Gilsbar for any covered member diagnosed with a covered Critical Illness

Voluntary Accident

- \$75 Express Benefit is payable upon notification of an accident, without the proof required for a full claim
- Benefit levels are based on the extent of each covered injury, as well as the services and treatments received
- Coverage extends to follow up care, rehabilitation and physical therapy

**DID
YOU
KNOW?**

- ✓ \$50 Annual Health Screening Benefit for each covered member included with Accident and Critical Illness – doubles to \$100 if you enrolled with both plans!
- ✓ Critical Illness and Accident Plans are HSA compatible, and will not affect your eligibility to make or receive contributions.
- ✓ You can enroll yourself and your dependents in these supplemental plans regardless of your coverage under the Grand Traverse County medical plan.

The Need for Life Insurance



Life insurance is a simple answer to a very difficult question: how will my loved ones manage financially when I die? It's a subject no one really wants to think about. But if someone depends on you financially, it's one question you cannot avoid.

Protection for Every Stage of Your Life

Whether you're single, married, have children or are close to retirement, having life insurance can help pay benefits to your loved ones after you die. This could help replace your income and allow the financial plans you put in place to continue uninterrupted.

How Much is Enough?

The toughest part about buying life insurance is determining how much you need. Use the calculator to the right to determine how much you need.

Why United of Omaha Life Insurance Company?

We consistently earn high ratings from leading independent rating agencies. The company holds an A+ (Superior)* rating from A.M. Best Company. The Superior rating is the second highest of 16 ratings and reflects the organization's ability to meet the financial obligations of its policyholders.

*As of 04/19



Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Income Replacement & Assets

Annual income your loved ones need now and in the future (Current income multiplied by number years needed - for example:

\$50k x 5 years = \$250,000) \$ _____

Subtotal (income) = \$ _____

Final Expenses & Other Debt

Funeral Expenses \$ _____

(\$15,000 is a reasonable estimate)

Mortgage \$ _____

Credit Card and other debt \$ _____

(Balance, car loans, etc...)

Subtotal (debt) = \$ _____

Educational Funds

College costs per person \$ _____

(4 years at Private \$118,000/

Public \$48,000 institution)

Subtotal (education) = \$ _____

Total Life Insurance Needed

Income + Debt + Education \$ _____

Total need for life insurance = \$ _____

Ratings refer only to the overall financial status of the company, and are not a recommendation of the specific policy provisions, rates or practices of the insurance company.

Life insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha is licensed nationwide, except in New York. Some exclusions, limitation and reductions may apply. Please contact United of Omaha Life Insurance Company for specific product details and policy provisions.

> Voluntary Term Life Insurance



Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

As an active employee of Grand Traverse County, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 15 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES

	Minimum	Guarantee Issue	Maximum
For You	\$10,000	5 times annual salary, up to \$150,000	\$300,000, in increments of \$10,000, but no more than 5 times annual salary
Spouse	\$5,000	100% of employee's benefit, up to \$30,000	100% of employee's benefit, up to \$50,000
Children	\$5,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS

Life Insurance Benefit Amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
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FEATURES

Living Care/ Accelerated Death Benefit	50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$100,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$10,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

SERVICES

Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com .

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 65%
- At age 75, amounts reduce to 45%
- At age 80, amounts reduce to 30%
- At age 85, amounts reduce to 20%
- At age 90, amounts reduce to 15%

Spouse coverage terminates when you reach age 70.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Please contact your employer if you have questions prior to enrolling.

Voluntary Term Life Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 34	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
35 - 39	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
40 - 44	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
45 - 49	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
50 - 54	\$1.95	\$3.90	\$5.85	\$7.80	\$9.75	\$11.70	\$13.65	\$15.60	\$17.55	\$19.50
55 - 59	\$3.05	\$6.10	\$9.15	\$12.20	\$15.25	\$18.30	\$21.35	\$24.40	\$27.45	\$30.50
60 - 64	\$4.75	\$9.50	\$14.25	\$19.00	\$23.75	\$28.50	\$33.25	\$38.00	\$42.75	\$47.50
65 - 69	\$8.50	\$17.00	\$25.50	\$34.00	\$42.50	\$51.00	\$59.50	\$68.00	\$76.50	\$85.00
70 - 74	\$15.25	\$30.50	\$45.75	\$61.00	\$76.25	\$91.50	\$106.75	\$122.00	\$137.25	\$152.50
75 - 79	\$25.15	\$50.30	\$75.45	\$100.60	\$125.75	\$150.90	\$176.05	\$201.20	\$226.35	\$251.50
80+	\$50.95	\$101.90	\$152.85	\$203.80	\$254.75	\$305.70	\$356.65	\$407.60	\$458.55	\$509.50

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 34	\$0.18	\$0.35	\$0.53	\$0.70	\$0.88	\$1.05	\$1.23	\$1.40	\$1.58	\$1.75
35 - 39	\$0.23	\$0.45	\$0.68	\$0.90	\$1.13	\$1.35	\$1.58	\$1.80	\$2.03	\$2.25
40 - 44	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
45 - 49	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
50 - 54	\$0.98	\$1.95	\$2.93	\$3.90	\$4.88	\$5.85	\$6.83	\$7.80	\$8.78	\$9.75
55 - 59	\$1.53	\$3.05	\$4.58	\$6.10	\$7.63	\$9.15	\$10.68	\$12.20	\$13.73	\$15.25
60 - 64	\$2.38	\$4.75	\$7.13	\$9.50	\$11.88	\$14.25	\$16.63	\$19.00	\$21.38	\$23.75
65 - 69	\$4.25	\$8.50	\$12.75	\$17.00	\$21.25	\$25.50	\$29.75	\$34.00	\$38.25	\$42.50

ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)*	
\$5,000	\$10,000
\$0.30	\$0.60

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

Critical Illness and Accident Insurance



For many Americans, a home, 401(k) plan and college fund make up the majority of their savings. However, these are not sensible sources of cash for medical emergencies. They represent cash saved for the long haul – not for a few months of recovery along the way.

But wouldn't insurance cover the cost of a medical emergency?

Although your health plan may provide coverage for the medical and hospital expenses, it will not cover 100 percent of the costs. There are other expenses to consider, such as copays/deductibles, medications, time off work and cost of home modifications – that may quickly deplete your savings.

Out-of-pocket expenses for unexpected health issues average \$2,519.** Additionally, 24 million people have medical debt from the previous year's illness or accident.**

Mutual of Omaha Insurance Company can help

We insure the risk of an accident or critical illness so you don't have to rely on your savings, and help prevent going in debt from an unexpected medical issue. The insurance turns a relatively small expenditure – the premium – into valuable benefits that may help protect you, your family and your savings from the unexpected.

Because benefits are paid directly to you when an accident or critical illness happens, you will have the payout before the bills pile up. You may use the benefits to pay expenses such as:

- Deductibles/Copays
- Mortgage payments
- Car and credit card payments
- Travel to treatment locations
- Income replacement
- Out-of-network or experimental medical treatment

Consider the potential costs of care/recovery and the financial shortfalls that could impact your family if an accident or critical illness occurs.



Mutual of Omaha

Underwritten by
Mutual of Omaha Insurance Company

**Report on the Economic Well-Being of U.S. Households in 2016, May 2017

Critical illness and accident insurance is underwritten by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. Mutual of Omaha Insurance Company is licensed nationwide. Policy form number 7000GM-U-EZ 2010. Critical illness is marketed as specified disease in NY. Product features may not be available in all states. Some exclusions, limitations and reductions may apply.

This policy provides CRITICAL ILLNESS and ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy is 70 percent. This ratio is a portion of future premium which the company expects to return as benefits, which averaged over all people with this policy. It is not a Medicare supplement policy.

› Voluntary Critical Illness Insurance



An unexpected critical illness can have a lasting impact on you and your family – physically, emotionally and financially.

As an active employee of Grand Traverse County, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through United of Omaha Life Insurance Company.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

How much insurance is enough?

Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES		
Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.	
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.	
Premium Payment	The premiums for this insurance are paid in full by you. Child insurance is automatic. A separate premium is not required.	
BENEFIT CATEGORY ¹	CONDITION	% OF CI PRINCIPAL SUM
Heart/Circulatory/Motor Function	Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's	100%
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	25%
Organ	Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure	100%
	Acute Respiratory Distress Syndrome (ARDS)	25%

Childhood/Developmental *benefits only available to children	Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes	100%	
Cancer	Cancer (Invasive)	100%	
	Bone Marrow Transplant	50%	
	Carcinoma in Situ, Benign Brain Tumor	25%	
COVERAGE GUIDELINES²			
	MINIMUM	MAXIMUM	GUARANTEE ISSUE³
For You Elect in \$5,000 increments	\$10,000	\$20,000	\$20,000
Spouse Elect in \$5,000 increments	\$5,000	100% of employee's CI Principal Sum, up to \$10,000	\$10,000
Child(ren) *benefit for each child	25% of employee's CI Principal Sum, up to \$3,000		\$5,000
ADDITIONAL BENEFITS			
Policy Benefit Maximum	The maximum payout amount is 300% of the CI Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy.		
Health Screening Benefit	Pays a flat, annual benefit of \$50 for a health screening test.		
Additional Occurrence Benefit	Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person.		
Reoccurrence Benefit	The reoccurrence benefit is equal to 100% of the Critical Illness principal sum.		
Portability	When insurance ends, you have the right to continue group Critical Illness insurance for yourself and your dependents.		
CONDITIONS & LIMITATIONS			
Age Reductions	When you turn age 70, the original amount of insurance will reduce to 50% for both you and your spouse.		
Benefit Waiting Period	There is no benefit waiting period.		
SERVICES			
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.		
Advocacy	Advocacy services give an employee who has been diagnosed with a medical condition access to skilled clinicians and nurses for personalized, problem-solving assistance in a one-on-one setting. Call 1-866-372-5577 Monday – Friday 7 A.M. to 7 P.M. CST or email careadvocates@gilsbar.com for assistance.		

¹Payment of a partial benefit reduces the remaining amount payable in a category.

²The amount of insurance for your spouse and child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

³Subject to any reductions, Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability. Amounts over the Guarantee Issue and/or not meeting minimum participation levels will require a health application/evidence of insurability.

Voluntary Critical Illness Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

The premium rates for employees under this plan are contingent upon tobacco use. If you have used tobacco in any form (cigarettes, chewing tobacco, forms of nicotine replacement, etc.) during the last 12 months, you must refer to the tobacco premium table. If not, refer to the non-tobacco premium table.

Child dependent coverage is offered at no additional cost.

- 1) Locate the benefit amount you want from the top row of the employee premium table (tobacco or non-tobacco). Your benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.
- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.

VOLUNTARY CRITICAL ILLNESS EMPLOYEE PREMIUM RATES NON-TOBACCO USERS (24 PAYROLL DEDUCTIONS PER YEAR)			
Age	\$10,000	\$15,000	\$20,000
0 - 24	\$2.25	\$3.38	\$4.50
25 - 29	\$2.70	\$4.05	\$5.40
30 - 34	\$3.60	\$5.40	\$7.20
35 - 39	\$4.80	\$7.20	\$9.60
40 - 44	\$6.95	\$10.43	\$13.90
45 - 49	\$9.85	\$14.78	\$19.70
50 - 54	\$13.50	\$20.25	\$27.00
55 - 59	\$18.30	\$27.45	\$36.60
60 - 64	\$26.10	\$39.15	\$52.20
65 - 69	\$35.45	\$53.18	\$70.90
70 - 74	\$50.10	\$75.15	\$100.20
75 - 79	\$67.55	\$101.33	\$135.10
80+	\$85.25	\$127.88	\$170.50

VOLUNTARY CRITICAL ILLNESS EMPLOYEE PREMIUM RATES FOR TOBACCO USERS (24 PAYROLL DEDUCTIONS PER YEAR)			
Age	\$10,000	\$15,000	\$20,000
0 - 24	\$2.45	\$3.68	\$4.90
25 - 29	\$3.10	\$4.65	\$6.20
30 - 34	\$4.25	\$6.38	\$8.50
35 - 39	\$6.10	\$9.15	\$12.20
40 - 44	\$9.55	\$14.33	\$19.10
45 - 49	\$15.05	\$22.58	\$30.10
50 - 54	\$22.75	\$34.13	\$45.50
55 - 59	\$33.65	\$50.48	\$67.30
60 - 64	\$51.70	\$77.55	\$103.40
65 - 69	\$75.15	\$112.73	\$150.30
70 - 74	\$102.50	\$153.75	\$205.00
75 - 79	\$122.80	\$184.20	\$245.60
80+	\$146.00	\$219.00	\$292.00

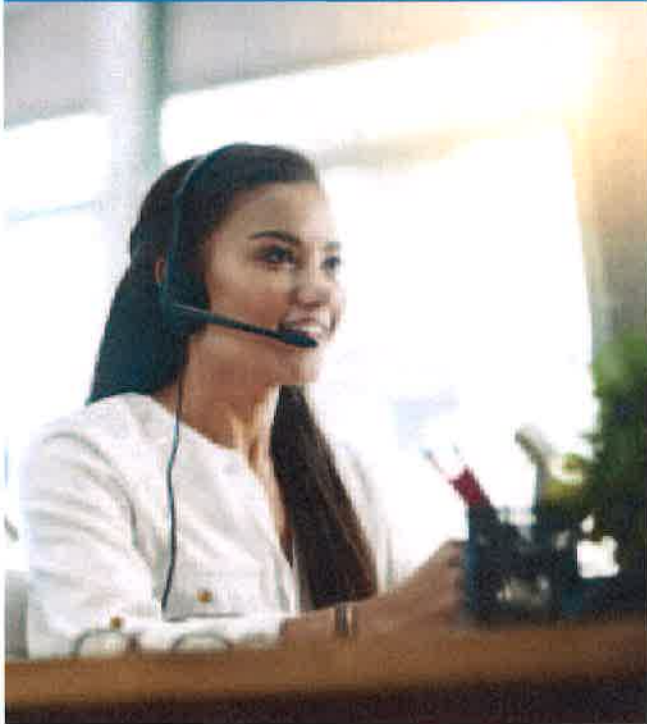
Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM RATES FOR NON-TOBACCO USERS (24 PAYROLL DEDUCTIONS PER YEAR)		
Age	\$5,000	\$10,000
0 - 24	\$1.43	\$2.85
25 - 29	\$1.65	\$3.30
30 - 34	\$2.18	\$4.35
35 - 39	\$3.03	\$6.05
40 - 44	\$4.53	\$9.05
45 - 49	\$6.70	\$13.40
50 - 54	\$9.60	\$19.20
55 - 59	\$13.23	\$26.45
60 - 64	\$18.73	\$37.45
65 - 69	\$24.90	\$49.80
70 - 74	\$34.80	\$69.60
75 - 79	\$46.73	\$93.45
80+	\$58.80	\$117.60

SPOUSE PREMIUM RATES FOR TOBACCO USERS (24 PAYROLL DEDUCTIONS PER YEAR)		
Age	\$5,000	\$10,000
0 - 24	\$1.63	\$3.25
25 - 29	\$1.98	\$3.95
30 - 34	\$2.75	\$5.50
35 - 39	\$4.13	\$8.25
40 - 44	\$6.68	\$13.35
45 - 49	\$10.88	\$21.75
50 - 54	\$16.83	\$33.65
55 - 59	\$24.85	\$49.70
60 - 64	\$37.58	\$75.15
65 - 69	\$53.25	\$106.50
70 - 74	\$71.80	\$143.60
75 - 79	\$85.85	\$171.70
80+	\$101.85	\$203.70

Advocacy Services

For Employees



When you or a family member has been diagnosed with a critical illness, you should be focused on treatment and recovery, not the stress of comparing medical costs, transferring records or getting preauthorizations for care.

We're here to help.

With Advocacy Services* available through your critical illness insurance coverage, you have access to skilled clinicians and nurses who provide friendly, personalized and confidential problem-solving assistance in a one-on-one setting.

You will receive:

- Clarification of your diagnosis and treatment options – in simple and straightforward terms
- Assistance finding a doctor, hospital or community resources
- Help with referrals, preauthorization and scheduling appointments
- Cost and quality comparisons to provide options for less expensive care and certain pharmaceuticals
- Explanations of test results after a doctor visit or health screening
- Coordination of home health care visits and equipment
- Explanations of what to expect before and after a surgery or procedure
- Lifestyle coaching to improve overall health

Getting help is easy

1. Call the number listed below.
2. Verify your name and company with the care advocate.
3. Inform the care advocate of your inquiry related to your diagnosis.

Contact Advocacy Services at 866-372-5577,
Monday thru Friday, 7 a.m.- 7 p.m.

You can also email
customerservice@gilsbar.com at any time.



This is not health insurance. Advocacy services are administered by Gilsbar LLC. Gilsbar LLC is solely responsible for the administration of advocacy services, and its own financial and contractual obligations. Mutual of Omaha Insurance Company has been authorized to provide marketing services including sales. Mutual of Omaha Insurance Company and Gilsbar LLC are independent, unaffiliated companies.

*Additional premium may apply.

> Voluntary Accident Insurance



If you broke a leg, would it break your bank account too?

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from United of Omaha Life Insurance Company.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of Grand Traverse County, you may purchase this coverage for yourself and your family members, and premiums can be deducted from your paycheck. It's a simple and affordable way for your family to receive added financial protection.

Coverage guidelines and benefits are outlined below.



This insurance offers financial protection by paying a cash benefit if you or an insured dependent are injured as a result of a covered accident. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.
PLAN INFORMATION	INFORMATION / AMOUNT(S)
Coverage Type	24-hour (On and off-job)
Express Benefit	\$75
Annual Benefit Maximum (ABM)	Not Included
Portability	Included

BENEFITS		AMOUNTS
Initial Care & Emergency¹ – Most treatment / service required within 72 hours of accident; Once per accident per insured person		
Emergency Room		\$150
Urgent Care Center		\$100
Initial Physician Office Visit		\$75
Ambulance		Up to \$1,000
Specified Injuries^{1,2}		
Fractures (Surgical / Non-surgical)		Up to \$5,000/Up to \$2,500
Dislocations (Surgical / Non-surgical)		Up to \$6,000/Up to \$3,000
Lacerations		Up to \$600
Burns		Up to \$10,000
Dental		Up to \$200
Hospital, Surgical & Diagnostic^{1,3}		
Admission		\$1,000
Daily Confinement (Up to 365 days per accident)		\$200 per day
ICU Confinement (Up to 15 days per accident)		\$400 per day
Rehab. Facility Confinement (Up to 30 days per accident)		\$100 per day
Surgical		Up to \$1,500
Diagnostic		Up to \$200
Follow-Up Care¹ – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person		
Physician Follow-Up Office Visit		\$75; Up to 6 per accident
Therapy Services		\$25; Up to 6 per accident
Medical Device		\$100
Prosthetic Device(s)		\$750; Up to 2 per accident
Additional Benefits¹ – Benefits are payable within 365 days of accident; Health screening benefit is payable once per calendar year		
Transportation (Up to 3 trips per accident)		\$300 per trip
Lodging (Up to 30 nights per accident)		\$125 per night
Childcare (Up to 30 days per accident)		\$20 per day
Health Screening		\$50
Catastrophic Benefits^{1,4} – Benefits are payable within 365 days of accident; Once per accident per insured person		
Principal Sum (PS)		You: \$25,000 Spouse: \$10,000 Child(ren): \$5,000
Common Carrier Accidental Death		300% of PS
Transportation of Remains		Up to \$5,000
Dismemberment & Paralysis		Up to 100% of PS
Reasonable Modifications		Up to 10% of PS
Coma		50% of PS
SERVICES		
Hearing Discount Program	The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.	

¹Additional limitations apply as described in the certificate.

²Fractures and dislocations require treatment within 90 days of accident, burns and lacerations within 72 hours of an accident, and dental care within 30 days. If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 200% of the amount payable for the injury with the highest applicable benefit amount.

³Daily confinement must begin with 90 days of accident and ICU confinement within 30 days. Surgical treatment timeframes vary. If applicable, diagnostic services must be received within 90 days of accident. Except for confinement benefits, most benefits are payable once per accident per insured person. If any surgery occurs concurrently with an open reduction for a fracture or dislocation of the same bone or joint as a result of the same accident, only the highest applicable benefit is payable.

⁴The principal sum for you and your spouse reduces by 50% when you reach the age of 70.

> How Accident Insurance Works

(For Illustration Purposes Only)



Accident Coverage

This insurance pays a benefit for each injury, treatment or service included in the policy that occurs as the result of a covered accident.

For example, Jeff's son, Jake, was playing soccer during recess at school. He was tripped and falls hard, injures his shoulder, and is transported by ambulance to the ER due to concerns of head trauma. The ER doctor orders a CT scan to check for any facial or head injuries and a shoulder X-ray.

Jake was diagnosed with a concussion and a broken collarbone. His arm was set in a sling, and he was released to his pediatrician for follow-up care. Jake visits his pediatrician at two weeks and one month after the accident to make sure he's healing well.

In the meantime, Jeff starts receiving bills for the care Jake received. The ambulance bill alone was \$556. He's a pretty healthy kid, so a health insurance deductible of \$1,500 had to be met before Jeff's health insurance would begin covering Jake's care, and after that, there's a 20% copay.

Accident benefits pay in addition to other insurance, and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

BENEFITS	AMOUNT
Ambulance	\$200
ER Visit	\$150
CT Scan	\$200
X-ray	\$50
Concussion	\$150
Broken Collarbone	\$300
Follow-Up Visit 1	\$75
Follow-Up Visit 2	\$75
Total Benefit	\$1,200

Note: The benefits shown in this example are for a sample design and may vary from the benefits that are available to you.

Voluntary Accident Premium Rates

The amounts shown below are **SEMI-MONTHLY** amounts (24 payments / deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process. Premiums must be paid by you to the policyholder.

COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	\$7.22 (\$0.47 per day)
Employee/Member + Spouse	\$10.99 (\$0.72 per day)
Employee/Member + Child(ren)	\$13.65 (\$0.90 per day)
Employee/Member + Family	\$18.45 (\$1.21 per day)

Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.

Protection from the financial impact of an injury



Accidents are a fact of life, but they don't have to sideline your family financially. Because you've made the wise decision to purchase our Accident insurance through your employer, you've taken an important first step in helping protect yourself and your family from the financial impact of an injury. But now what?

We want to help you understand how to make the most of your benefits.

An accident insurance policy pays a lump-sum cash benefit for accidents including: fractures, dislocations, broken bones, burns, emergency room visits, hospital confinement, medical treatment, medical devices, ambulance service, catastrophic coverage and other medical expenses.

The cash benefit can be used to:

- Fill a gap left by other coverage
- Supplement daily living expenses
- Help replace lost income from unpaid time off

With Accident insurance, you won't have to worry about how you'll pay for expenses, and your savings can be protected, so you can focus on what's most important – recovery and healing.

And, thanks to our Express Pay feature, you can get paid fast and only provide minimal information.

An initial benefit is payable upon notification of an accident, without the proof required for a full claim. All you have to do is:

1. Complete the Accident Express Pay Claim form found at www.mutualofomaha.com/support/forms
2. Email it to submitgrpacc@mutualofomaha.com

It's that easy!



Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Accident insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010. This policy provides ACCIDENT insurance only. It does not provide basic hospital, basic medical or major medical insurance. It is not a Medicare supplement policy. The insurance is designed to pay you a fixed dollar amount regardless of the amount any provider charges. Some exclusions, limitations and reductions may apply.

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Health Screening Benefit

Critical Illness and
Accident Insurance Policy



You've already made the wise decision to purchase a Critical Illness / Accident insurance policy. But did you know this coverage also includes a health screening benefit? Your policy pays a specified lump sum for certain preventative health screenings to help keep you in good health.*

Advantages of Health Screenings

- Find diseases and conditions at an early stage to prevent a critical illness
- Improve outcomes, such as faster treatment, longer life and less suffering
- Determine and influence risk factors

Available Health Screenings Include

- Abdominal aortic aneurysm ultrasound
- Blood test for triglycerides
- Bone marrow testing
- Bone density screening
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid ultrasound
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- CT angiography (detects plaque buildup in heart vessels)
- EKG
- Double contrast barium enema (X-ray of the large intestines, colon and rectum)
- Fasting blood glucose test

- Flexible sigmoidoscopy (examines the rectum and the lower (sigmoid) colon)
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test (for HDL and LDL levels)
- SPEP (blood test for myeloma and MS)
- Stress test (on a bicycle or treadmill)
- Thermography (study of heat distribution, for example in detecting tumors)

Benefits are paid once per calendar year per insured person for one of the listed screenings. A complete list of the benefit amount payable can be found in the contract.

Here's How to Submit a Claim

1. Complete preventative health screening test
2. Obtain a copy of the test result, provider invoice, or Explanation of Benefits to document the screening.
3. Submit claim form along with documentation of the screening to submitgrpacc@mutualofomaha.com or fax to (402) 997-1898

Please note, a positive or negative result will not affect your health screening benefit. While test results do serve as documentation of your screening, they are not required as long as the provider invoice or EOB is provided.

*With a critical illness insurance policy, the health screening benefit is not approved in CT and the District of Columbia (D.C.). With an accident insurance policy, the health screening benefit is not approved in CO, CT, MT, ND, NH, NY and TX.



Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Group Critical Illness/Accident Health Screening Benefit Claim Form

United of Omaha Life Insurance Company • Mutual of Omaha Insurance Company



Group Critical Illness/Accident Claims • 3300 Mutual of Omaha Plaza • Omaha, NE 68175-0001

Phone (800)775-8805 (toll-free) • Fax (402)997-1898 • www.mutualofomaha.com/customer-service • submitgrpacc@mutualofomaha.com

Please print clearly in blue or black ink. **All applicable information should be completed to avoid delays in the processing of the claim. When complete, submit the form to the address or fax above.** This form is to be completed without expense to United of Omaha Life Insurance Company or Mutual of Omaha Insurance Company.

Section 1: Policyholder/Employer Information

POLICYHOLDER/EMPLOYER NAME			GROUP ID NUMBER G000
CITY	STATE	ZIP CODE	PHONE NUMBER

Section 2: Claimant Statement (completed by employee/member)

CLAIMANT NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB ____/____/____	SSN ____-____-____
EMPLOYEE/MEMBER NAME (if other than claimant)		DOB ____/____/____	SSN ____-____-____
ADDRESS	CITY	STATE	ZIP CODE
EMAIL	CONTACT NUMBER		

RELATIONSHIP TO EMPLOYEE/MEMBER:

☐ Self ☐ Spouse ☐ Domestic Partner ☐ Dependent ☐ Beneficiary ☐ Other (ex., Power of Attorney, Conservator)

DOES THE EMPLOYEE/MEMBER HAVE MAJOR MEDICAL INSURANCE OR A COMBINATION OF BASIC HOSPITAL AND BASIC MEDICAL INSURANCE?

☐ Yes ☐ No

Section 3: Claimant Information

WHICH POLICY IS THIS BENEFIT BEING REQUESTED FOR? CHECK ALL THAT APPLY

☐ Critical Illness ☐ Accident

Section 4: Health Screening Test/Procedure Information

PLEASE CHECK THE HEALTH SCREENING TEST/PROCEDURE FOR WHICH THIS CLAIM IS BEING FILED:

<input type="checkbox"/> Abdominal aortic aneurysm ultrasound	<input type="checkbox"/> CA 125 (blood test for ovarian cancer)	<input type="checkbox"/> EKG (electrocardiogram)	<input type="checkbox"/> Pap smear
<input type="checkbox"/> Blood test for triglycerides	<input type="checkbox"/> Carotid ultrasound	<input type="checkbox"/> Double contrast barium enema	<input type="checkbox"/> PSA (blood test for prostate cancer)
<input type="checkbox"/> Bone marrow testing	<input type="checkbox"/> CEA (blood test for colon cancer)	<input type="checkbox"/> Fasting blood glucose test	<input type="checkbox"/> Serum cholesterol test (HDL & LDL)
<input type="checkbox"/> Bone density screening	<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> Flexible sigmoidoscopy	<input type="checkbox"/> SPEP (blood test for myeloma)
<input type="checkbox"/> Breast ultrasound	<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Hemoccult stool analysis	<input type="checkbox"/> Stress test (on a bicycle or treadmill)
<input type="checkbox"/> CA 15-3 (blood test for breast cancer)	<input type="checkbox"/> CT angiography	<input type="checkbox"/> Mammography	<input type="checkbox"/> Thermography

DATE THE TEST/PROCEDURE WAS PERFORMED (MM/DD/YYYY)	PHYSICIAN NAME	PHYSICIAN PHONE NUMBER
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****A COPY OF THE TEST/PROCEDURE RESULTS, PROVIDER INVOICE OR OTHER PROOF OF THE TEST/PROCEDURE MUST BE SUBMITTED WITH THIS FORM.****

Section 5: Acknowledgement & Signature

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Note: This fraud warning does not apply to residents of AL, AR, CA, CO, DC, FL, KS, KY, LA, MA, MD, ME, NJ, NM, NY, OH, OR, PR, RI, TN, VA, VT and WA. Please read the specific fraud warning for your state of residence included with this form or available online at www.mutualofomaha.com.)

By signing below, I certify that I have read and understand the fraud warning that applies to my state of residence, and that all information provided on this form is true and complete to the best of my knowledge and belief.

SIGNATURE OF CLAIMANT	DATE
SIGNATURE OF PATIENT, IF AGE 18 OR OLDER (AND NOT THE CLAIMANT) <input type="checkbox"/> Check if Patient is deceased or incapable of signing	DATE